

SB 785 Specialty Mental Health Services for Foster Children Placed Outside of Their County of Jurisdiction

For the past several years, challenges associated with providing access to mental health services for foster youth placed outside of their county of original jurisdiction have been a concern among many child and mental health advocacy groups and individuals. Recognizing that barriers to accessing Medi-Cal mental health care for foster children placed outside their county of jurisdiction are rooted in the complexities inherent in the structure of the state's Medi-Cal Specialty Mental Health program and the process by which children are placed in the foster care system, advocacy groups worked collaboratively to craft a bill for better and quicker access, and clarification of responsibility. SB 785 was designed to address some of the administrative barriers.

SB 785 attempts to reduce a number of specific administrative barriers including developing informational materials to caregivers and social workers to obtain mental health services, standardized documentation and procedures, standardized service contract for all 58 counties, and expediting treatment authorization requests for foster youth who are adopted or who are under legal guardianship.

In order to facilitate the receipt of medically necessary specialty mental health services by a foster child who is placed outside of their county of original jurisdiction, the Department of Mental Health (DMH) is required to:

1. By July 1, 2008, establish in partnership with the California Department of Social Services (CDSS), informational materials to be distributed to foster care providers and county child welfare agencies relating to the provision of mental health services to children in their care.
2. By July 1, 2008, develop uniform documents/procedures including standardized contracts, authorization procedures, and documentation in consultation with stakeholders.
2. Requires the California Health and Human Services Agency (Agency) to coordinate the efforts of DMH and CDSS and report to the legislature.
3. Address legislative intent language that a long term system change is to be developed in Medi-Cal Eligibility Data System (MEDS).
4. The bill clarifies responsibility for treatment authorization for adopted and kin care youth. It transfers the responsibility for the provision of services to the host county, while keeping the financial responsibility to authorize and pay for services with the county of origin.
5. Requires DMH to seek CMS approval for any provisions it deems necessary.

The second posting of our regulation packet has been met (March 5, 2008.) There were no comments and we will be forwarding the package. The regulations will establish time frames for the authorization and reimbursement of services for all children/youth placed out of county.

DMH has begun work on all aspects of the bill and will begin stakeholder meetings in March.